

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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19	1		1			
20	1	1	1	1		
21	1	2	1			
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50						
TOTAL IND.		↓	↓	↓		↓
TOTAL DEP.	←	18	←	←	←	←
TOTAL CLAIMS		18				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓	↓	↓		↓
TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS						